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ESTATE PLANNING INTAKE

Today's Date: _____
 Month *Day* *Year*

WHO REFERRED YOU TO OUR OFFICE?

Friend (please state name) _____ *Internet* (name of site) _____

ARAG (please provide case assist #) _____ *Union Plus/CSEA* _____

HYATT LEGAL PLAN: Please provide the following information:

Name of Plan Member: _____

Plan Member's Social Security # or Member #: _____

Four (4) Hyatt Case #s (a case # is **required** for each document to be prepared):

Case #: _____

Case #: _____

Case #: _____

Case #: _____

Place a check mark next to each document you would like prepared:

Will _____ Power of Attorney _____ Health Care Proxy _____ Living Will _____

LIST THE NAMES, ADDRESSES & BIRTH DATES OF ALL CHILDREN (natural, adopted, step):

<u>Name</u>	<u>Address</u>	<u>Birth Date</u>	<u>Natural/Adopted/Step</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do any of the above-named children suffer from a disability which would impair their ability to understand legal paperwork? _____

If yes, please explain: _____

List any other persons that you wish to leave a bequest to in the will:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any prior wills? _____

If yes, where are they kept? _____

INFORMATION REGARDING ASSETS

Bank Accounts:

<u>Name of Bank</u>	<u>Type of Account</u>	<u>Individual/Joint/In Trust</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a safety deposit box? _____ If yes, where is it located? _____

Do you own your home? _____ How is it held: individually _____ joint _____ with spouse _____

Do you own any other property? _____ Please specify: _____

Do you have any business interests? _____ Please specify: _____

Do you have life insurance? _____ If yes, please list name of insurance company, amount of policy and names of beneficiaries and contingent beneficiaries: _____

Do you have a pension? _____ If yes, please list names beneficiary and contingent beneficiary: _____

Do you have a 401k plan or other deferred compensation (ie: 403b, annuity, thrift savings plan, etc)?
_____ If yes, please list account information and names of beneficiary and contingent beneficiary:

INFORMATION REGARDING ESTATE DISTRIBUTION

Executor: The individual or corporate fiduciary appointed to carry out the terms of a Will. One responsible for the filing of a Federal Estate Tax Return, State Inheritance Tax Return, decedent's final Income Tax Return and Federal Gift Tax Return, if required. In preparing these returns it would be necessary to compute the fair market value of all assets as of the decedent's date of death.

Executor/trix:

Name	Address	Relationship
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Substitute Executor/trix:

Name	Address	Relationship
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Guardian: The person named to care for the child until age 18.

Guardian for any minor children:

Name	Address	Relationship
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Substitute Guardian for any minor children:

Name	Address	Relationship
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Trustee: The individual responsible to manage the money for the benefit of the children named in the will.

Do you want the Executor/trix to act as Trustee for any minor children? _____ If not, who will act as Trustee?

Name	Address	Relationship
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Substitute Trustee _____

Name	Address	Relationship
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When should your children receive the money? This is a personal decision. Most people distribute the full monies at the age of 21 or 25. Some people distribute some at age 21, some at age 25 and the balance at age 30. Here is a sample Trust clause:

Until the beneficiary attains the age of twenty-five (25) years the trust shall be used to provide for the health, education and welfare of the beneficiary. Any and all expenses for educational pursuits shall be made directly to the educational institution, except that expenses for books and required supplies may be given directly to the child. The Trustee shall ensure that the beneficiary has applied for all educational grants, awards and scholarships as may be available prior to remitting payment to the educational institution. The Trustee is authorized to use a portion of the corpus of the trust to purchase an automobile for each beneficiary; however, the Trustee shall endeavor to purchase a reliable vehicle at a reasonable price; and, the Trustee shall do his/her best to ensure that all beneficiaries receive comparable vehicles. Upon EACH beneficiary's graduation from college, the Trustee is authorized to distribute 10% of the corpus of the trust directly to the beneficiary. This trust, or part thereof, shall terminate upon the beneficiary attaining the age of twenty-five (25) years. Upon the beneficiary attaining the age of twenty-five (25) years the corpus of the trust, along with any interest that may have accrued, shall be distributed to the beneficiary.

At what age do you want your children to receive the money? _____

Would you like to have them receive a portion of the money at different ages or upon marriage? _____ Please specify:

DURABLE POWER OF ATTORNEY

Have you considered what would happen if you became incapacitated, either temporarily or permanently, and were unable to handle your own affairs? *A durable Power of Attorney is an inexpensive way to provide for such a situation.*

In the event you become incapacitated and you have not appointed a power of attorney, a court proceeding can be commenced and a guardian will be appointed. Such a proceeding is lengthy and costly and your legal guardian can be a total stranger.

A durable Power of Attorney is valid from the time it's signed; therefore, it is imperative that you choose someone that is trustworthy. A married couple typically appoints each other as his/her power of attorney; and, they may or may not appoint a substitute. You can appoint two people and require that they act together, which provides a sort of "checks and balances".

I appoint the following person(s) as my Power of Attorney:

Name: _____

Address: _____

Name: _____

Address: _____

They must act TOGETHER: Yes or No

I appoint the following person(s) as my Power of Attorney:

Name: _____

Address: _____

Name: _____

Address: _____

They must act TOGETHER: Yes or No

HEALTH CARE PROXY

A *health care proxy* is a written document in which you authorize an agent to make health care decisions for you, either temporarily or permanently, in the event that you are unable to make such decisions yourself. You also authorize a substitute agent in the event that the first person is unable to carry out his/her duties.

Married couples typically name each other as their agent and then name a substitute agent.

I appoint the following person as my Health Care Proxy:

Name: _____

Address: _____

Phone #: _____

I appoint the following as my Substitute Health Care Proxy:

Name: _____

Address: _____

Phone #: _____

LIVING WILL

A *living will* is a written document in which you make a statement setting forth ***your*** wishes with regard to life sustaining treatment and ensures that *your wishes* will be carried out.